



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

INFORMATIONAL LETTER NO. 685

TO: Iowa Medicaid Hospital, Physician, Dental, Optometrist, Optician, Pharmacy, Home Health Agency, Medical Supplies, Rural Health Clinic, Clinic, Audiologist, Hearing Aid Dealer, Certified Nurse Midwife and Nurse Practitioner Providers

ISSUED BY: Iowa Department of Human Services, Iowa Medicaid Enterprise

SUBJECT: Prior Authorization Form for Medical Services

DATE: February 20, 2008

The Request for Prior Authorization Form for Medical Services has been revised. The Iowa Medicaid Enterprise (IME) has added and removed fields on the form to contain the necessary information needed to process the request. The revised form can be found at www.ime.state.ia.us/Providers/Forms.html.

To identify the new form, look in the lower left corner. The form number is still 470-0829, but the revision date is now 1/08. **This new form should be used starting immediately.**

The Request for Prior Authorization Form is mandatory when IME requires an item or service to have prior authorization. Providers should submit this request before billing.

A prior authorization is not a guarantee of payment. Approval of a request does not indicate that the member continues to be eligible for Medicaid. Providers are responsible for verifying Medicaid eligibility for the dates of services.

NOTE: This form is only for Medical Services. Pharmacy prior authorizations have not changed.

This form is intended to be self-explanatory, if you have any questions regarding this form you may contact IME Provider Services at 1-800-338-7909, locally 515-725-1004 or by email at imeproviderservices@dhs.state.ia.us.